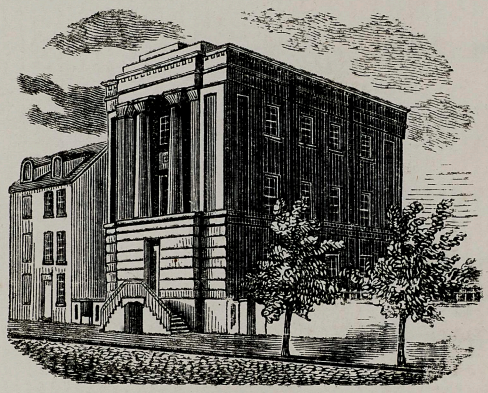
AN ESSAY ON

Parturition.

RESPECTFULLY SUBMITTED TO THE FACULTY OF THE



HOMŒOPATHIC MEDICAL COLLEGE

OF PENNSYLVANIA,

For the Degree of Doctor of Medicine

On the 14th day of January, Eighteen Hundred and Fifty-Eight

By J. A. Redman

Of New York.

Very good — a few mistakes in spelling, most corrected, however.

Wm Jones

In the multiplicity of duties that stud the Physicians pathway. his duty to the Mother during Child birth is one which may will bear the most prominent position

It is here his tact as a Scholar and a gentleman is brought bifore the public and in no position is his every act scrutenized as in this. Though in moments of pain and suffering. Shew sympathy and attention seem drawn to the Mother, shite an unskillfull move or ungentlemanly act thoughtlessly or otherwise will recieve a stigma which perhaps years cannot obliterate

I's here the true friend of humanity may exercise his influence;— here, that every emotion of pure friendship and love of duty should stimulate the physician to a full exercise of those enobling qualities which can only be brought into requisition on such occasions,

In what stage of professional life does the practitioner find responsibility so great

or a full employment of his abilities so requis-
-ite? and if not "an fait" in this branch, and
difficulties are encountered which he is unable
to overcome, he sacrifices his position, and under-
-rates perhaps other branches of his profession that
he is more competent to perform, Hence as a
Student would desire to build for himself a
fabric of honor in his medical career, let him
plant this seed well and deep, and with slight
after cultivation, the gems it will bear will re-
munerate him three and thrice three fold.

A Quack only will undertake a strange
task, & as strangly perform its functions; but
a physician who values his profession, will fully
acquaint himself with the duties attendant there-
-to,

It is not my purpose in this thesis to give
a phylosophical treatise on Obstetrics or take
the reader through a long series of difficulties
and intricacies met with in the more compli-
-cated cases of labor, but simply to recite the

history of a natural case, and the duties of the attendant from the time he enters the lying in chamber, till his duties to the Mother and Child are completed

Punctuality should at all times be observed, for by this quality a practitioner gains many friends and often as many patients; this trait many are wanting; It has come under my personal observation where members of the profession were unnecessarily tardy in response to a call, and would linger even by the road side to discuss matters foreign to their calling, though their presence in the case was imperatively necessary at the moment. In no such instance have I witnessed ultimate success to follow such negligence.

First then, having punctuality in view, let us proceed to a case in accordance with the subject selected, bearing in mind that we are not called to take charge of or prescribe for the sick, but to witness the per-

formance of a function of Nature,— provisions being supplied by Providence to fully carry out that function. If by a violation of her laws Nature be weakened in her endeavors, or in any way incapable of expelling the matured ovum — we are to aid her in a manner well calculated to safely conclude the work; To know when to interfere, and how to aid, is what distinguishes the Accoucher from the Empirical Pretender.

Patience, Gentleness and humanity are the only instruments generally necessary in these cases; by using other means we may sometimes convert a natural labor into a dangerous and complicated one;— we should never allow impatience to suggest what reason would denounce. Non interference is oft times a virtue.

On entering the room, having exchanged the usual salutations, we should enquire of the Nurse the length of time since the pains commenced, whether there has been a show, whether the waters have broken,— and if we please the

past condition and history of the patient; for answers to these questions from an intelligent nurse, would give us a good idea of the case, both as to its probabilities and progress; — then with some general conversation we may proceed to a vaginal examination, which can be done in a manner perfectly easy to the patient, and without exciting any untoward delicacy, — provided the necessary courtesy and indifference is displayed.

It may sometimes be necessary first to obtain the patients consent, and should never be done without her knowledge of the action previous to its performance. As a general thing it is considered, (and convenience at hand) that the attendant may proceed without hesitancy; — these can be determined by properly reading the general characteristics of your patient, as given by outward signs that are sufficient to a practiced eye to admit of decisive action

In making the examination we must have distinctly in our minds the objects for which we examine, and these should be well determined e'er the finger is withdrawn

First to ascertain if the woman is pregnant. If pregnant, whither in labor, and how far it had advanced. The formation of the pelvis and condition of the soft parts. These various points will direct our conduct and give us the nessessary implements of thought whereby to act.

If the condition of the patient and formation of the parts are such as to favor our minds with a successful issue, then our sphere of duty lies in giving the necessary instructions to the nurse. Such as the proper condition of the patients bowels &c. The bowels are of the utmost importance and should never be omitted; as a deranged and constipated condition exert in many ways a forced -judicial effect on natural results;— besides the labor may be made exceedingly disagreeable

to the patient, and no less disgusting to the attendant;— for as the head advances in the lower straits, whatever faecal matter exists in the rectum, is forced out, owing to the sphincter ani being unable to maintain its original contraction

The bed should also be arranged which a nurse of ordinary experience will understand; if not, we may either instruct her, or prepare it ourselves;— the patient may then be placed in a position for delivery, which is upon her left side, limbs flexed, and otherwise to correspond with the axis of the straits;— at the same time affording her an opportunity of bracing against the foot of the bed at the time of the pains.

Then having conveniences at hand, such as water, scissors, napkins, cord etc, all of which come in the legitimate sphere of the nurse, we may witness the development of Natures powers which Authors have divided into three stages.

First, from commencement of contractions to complete dilatation. Second, The Expulsion of the Foetus. Third- The Expulsion of the Placenta & Secundines.

Let us now proceed to notice the first Stage or dilatation of the os Uteri. We have already made our examination and find the pains real, and dilatation somewhat advanced. as indicated by the firm and hard exterior of the abdomen- and the tightening of the Uterus as the patient complains of pain

Our presence now may not be immediately necessary. and we may with propriety withdraw into an adjoining room;— by so doing, we enable the patient to attend to Natures demands (for which there is generally some necessity) and also it may relieve her mind of the constant necessity for our presence

Too frequent examinations at this point should be avoided, as unnecessary meddling causes more or less irritation, and can be of no ad-

-vantage (after gaining sufficient Knowledge of the parts) other than to assure the friends of progress

As soon as the os uteri is sufficiently or fully dilated, the waters may be allowed to escape. by gently rupturing the membranes with the nail of the index finger, as their influence as a dilating agent is no more needed. In this many Practitioners and Authors disagree; - some contending that nature, aware of her duty, knows the proper time to evacuate the waters, and this doctrine was fully perpetuated by my Preceptor who would delay the progress of delivery to an indefinite time and prolong the sufferings of the Mother rather than violate his conscientious scruples by interfering with or hastening results,

The philosophical reasonings of our worthy Professor of Obstetrics, upon this point, have fully convinced my mind that proper interference at the proper time, would not only materially aid the contractions of the uterus

but also greatly relieve the patient of after pains which are frequently so tedious and distressing,

The waters escaped - the channel of egress is now open, and we may now proceed in course to notice the second stage of labor, or — The Expulsion of the Foetus.

Our duties in this stage, embrace, first - to ascertain the presenting part; this may be accomplished by carrying the palp of the index finger upwards. outward and backward. when (if the head be in the first position) we may come in contact with the right parietal protuberance. we may trace our finger along till we have discovered the occipital fontanel, which may be known by its triangular shape. and the firmness of the parts. — having found this, we trace the finger along the sagittal suture to the other extremity, and we shall find the anterior fontanel or bregma - known by its quad

-rangular shape formed by the two Coronal, the Sagittal and frontal sutures;—by carefully examining these points we may discriminate with certainty the position.

When this stage is protracted, the patient becomes very dispondent and 'tis here our labors to cheer her, and allay all fears should be used. It is here too the young physician may be thrown off his guard, and act in a manner which in moments of deliberation he may regret.

In the discouragement of the moment the patient will sometimes severely reprimand the attendant for apparent indifference, at times using language which would tend to discomfort the inexperienced. In such moments the practitioner needs all self possession - and should firmly but gently manly assure the patient and friends that every thing is progressing rapidly and the Mother soon be free from pain.

Prof Meigs in one of his lectures before his class illustrated this point in a case where the woman declared she would certainly die. "O no you will not," said the Professor, but the woman seemed determined to die. and upon the Proffessors calling her word in question a second time - she openly declared "You lie Proffessor you know I'll die" but to her astonishment she lived on and gave birth to life, In such cases patience and forbearance will soon terminate the case to the great relief of all concerned.

The severity of pains, or contractions, are no reliable evidences of immediate danger: neither the declamations of the patient and friends. We should therefore pass such without notice, and take for our guide the pulse and passages. a kind and cheering word, assuring our patient of her condition. without assuming that such is not, will (when the patients sufferings are over) give us personal and friendly

congratulations. We may now direct her to take full inspirations and bear down with each pain. at the same time we may support the perineum if necessary, with the palm of the left hand with a napkin interposed. If there is fear of rupture, instead of supporting the perineum as above, we may accomplish the same object by pressing gently with the fingers upon the presenting part- thereby resisting the force of the pain till the perineum shall have become more gradually dilated.

As the head escapes, we support it with the right hand, at the same time ascertain if the neck be free from cord; - if not, we may loosen it by gentle traction, sufficient to pass it over the Childs head.

The head reposing in the expanded hand, we allow it to rotate - and the contractions of the uterus to expel the extremities. As expulsion takes place, we remove the child

from the discharges of the mother, (in all our manipulations carefull not to expose the parts) free from the clothes. and upon respiration being established (generally known by a lusty cry) we proceed to ligate the cord, best done with two ligatures, one about an inch from the umbiliens, the other, an inch from the first. The ligature should have but one turn, - else by the successive ones, it becomes loosened. and thereby produces hemorrhage. The nurse now presents the cloth at your left, and by placing one hand under the childs thorax, the other under the thighs, the legs embraced with the index finger between, there we place the little stranger upon the sheet and hand it to the nurse who is ready to receive, wash and dress it.

We now again turn our attention to the Mother and find her comforted at the successfull issue. and while she anxiously inquires "Is it a Boy?" we answer gravely

'Tis a Girl,' and prepare to finish our visit with the third Stage of Labor-or Delivery of the Placenta and Secundines,

In the majority of instances, it requires but three or four pains to expel the placenta, and generally without the aid of the Mother, though there is a natural effort on her part to assist.

It is sometimes necessary and proper to aid the delivery of the after birth;- this may be done by friction and manipulation over the uterine tumor till the Placenta with coagula is expelled. If the uterus be hard, small and low in the hypogastric region, we may feel sure that the membranes have descended in the vagina, ~~from~~ which they will soon be expelled

Occasionally in consequence of over distention of the uterus. it does not contract vigorously, and the Placenta is retained,

In such cases, some Authors recommends immediate action to assist and stimulate contractions. this is done by Ergot and more mechanically by introduction of the hand and gnawing off as it were the retained Placenta;- then allowing the irritated organ to expel it and the hand together. While there are other methods more humane and less animal, also less liable to disastrous results, I should always choose them

After all necessary delay we may introduce the finger along the cord- at the same time using traction by the left hand. and with the finger of the right lift the edge of the Placenta;- this may relieve the suction which is often the cause of retention. and the whole come away. Or we may use those instrumental means which are less liable to cause irritation. One of these most used by our Professor is "Dewees Hook" which in skilly if properly used is harmless.

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amine it to see if it is whole, - then
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The Nurse having washed and dressed the babe, it may be placed to

the Mothers breast provided the milk is already secreted. If by placing the child to the breast it aggravates or brings on after pains, it may be removed until such time as will allow of its nursing without inconvenience to the Mother.

Having carefully superintended these points and others that serve to make the patient more comfortable, we shall be prepared to take leave with a knowledge of having done our duty, and a fair prospect of the future patronage of the family.

We should continue our calls after leaving the house, Our first may be a few hours after we leave, and our subsequent visits farther apart.

Our endeavors should be to keep from the patient all means that would tend

To excite her. one of which is- the company of her friends. Nothing serves so much to excite or annoy the patient as outside friends constantly paying little attentions which keep both patient and relatives in constant motion- For six or seven days certainly we should forbid her receiving visitors- and at that time she would have so far recovered her strength as to be able to bath exhibit herself and the little one.

We may now consider our attendance farther- unnecessary. and therefore withdraw;- having broken the ice, and successfully terminated our first obstetric case.